

### ***Caution: DRAFT FORM***

This is an advance proof copy of an IRS tax form. It is subject to change and OMB approval before it is officially released. You can check the scheduled release date on our web site ([www.irs.gov](http://www.irs.gov)).

If you have any comments on this draft form, you can submit them to us on our web site. Include the word DRAFT in your response. You may make comments anonymously, or you may include your name and e-mail address or phone number. We will be unable to respond to all comments due to the high volume we receive. However, we will carefully consider each suggestion. So that we can properly consider your comments, please send them to us within 30 days from the date the draft was posted.

**Applicable Insurance Contract Information Return**  
**(For Tax-Exempt Organizations and Government Entities under Section 6050V)**

OMB No. xxxx-xxxx

**Part I** A separate Form 8922 must be filed for each different issuer and for each different contract type and form. See instructions for the required filing date(s).

<b>1</b> Structured transaction date	<b>2</b> Structured transaction identifier	<b>3a</b> Sequence number (see instructions)	<b>3b</b> Check if amended <input type="checkbox"/>
<b>4</b> Name of organization		Taxpayer identification number (TIN)	
Number and street (or P.O. Box if mail is not delivered to street address)			Room/Suite
City or town, state or country, and ZIP+4			
<b>5</b> Name of insurance contracts issuer		Taxpayer identification number (TIN)	
Number and street (or P.O. Box if mail is not delivered to street address)			Room/Suite
City or town, state or country, and ZIP+4			

**6** Type of applicable insurance contract

- a** ☐ Life insurance (including contracts with an endowment feature)  
**b** ☐ Deferred annuity  
**c** ☐ Immediate annuity

**7** Contract form identifier \_\_\_\_\_

**8a** Owner(s) of the contracts: ☐ Your organization ☐ Other \_\_\_\_\_

**b** Beneficiaries of the contracts: ☐ Your organization ☐ Other \_\_\_\_\_

**9a** Are premiums fixed by the insurance contracts or at the discretion of the contract owners? ☐ Fixed ☐ Discretionary

**b** If fixed contracts, enter the premium term in year(s) \_\_\_\_\_, or

**c** If for the life of the insured, check here ☐

**10** Investment options (check all that apply):

- ☐ No option ☐ Guaranteed interest funds ☐ Bond or equity funds ☐ Other

**11a** Do the contracts endow? ☐ Yes ☐ No

**b** If "Yes," when? ☐ After \_\_\_\_\_ years, or ☐ at age \_\_\_\_\_ of the insured

For lines 12 through 15, check the boxes that apply.

**12** ☐ Contracts have cash surrender values

**13** ☐ Policy loans are available from these contracts

**14** ☐ Partial cash withdrawals are available from these contracts

**15** ☐ Contracts are immediate annuities: **a** Payments are ☐ fixed ☐ variable  
**b** If payments are inflation indexed, check here ☐

**16** Attach representative copy of the applicable insurance contract covered by this Form 8922.

**17** List insureds or annuitants covered by the applicable insurance contracts to which this Form 8922 applies. Attach additional sheets if necessary.

<b>a Insured or annuitant covered (see instructions)</b>				
<b>1 a</b> Name	<b>b</b> Social security number (SSN)	<b>c</b> Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>d</b> Age	
<b>e</b> Relation to organization resulting in an insurable interest: <input type="checkbox"/> Donor <input type="checkbox"/> Other ►			<b>f</b> Number of insured _____ of _____	
<b>2</b> Donations received within past 12 months from insureds	<b>3</b> First-year premium or other consideration	<b>4</b> Death or endowment benefit, if life insurance	<b>5</b> Monthly annuity, if immediate annuity	
<b>b Insured or annuitant covered (see instructions)</b>				
<b>1 a</b> Name	<b>b</b> Social security number (SSN)	<b>c</b> Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>d</b> Age	
<b>e</b> Relation to organization resulting in an insurable interest: <input type="checkbox"/> Donor <input type="checkbox"/> Other ►			<b>f</b> Number of insured _____ of _____	
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<b>c Insured or annuitant covered (see instructions)</b>				
<b>1 a</b> Name	<b>b</b> Social security number (SSN)	<b>c</b> Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>d</b> Age	
<b>e</b> Relation to organization resulting in an insurable interest: <input type="checkbox"/> Donor <input type="checkbox"/> Other ►			<b>f</b> Number of insured _____ of _____	
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<b>d Insured or annuitant covered (see instructions)</b>				
<b>1 a</b> Name	<b>b</b> Social security number (SSN)	<b>c</b> Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>d</b> Age	
<b>e</b> Relation to organization resulting in an insurable interest: <input type="checkbox"/> Donor <input type="checkbox"/> Other ►			<b>f</b> Number of insured _____ of _____	
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<b>Part II</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.
<b>Please Sign Here</b>	<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> </div> <div style="width: 35%;"> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> </div> </div>
	Signature of authorized person
	Date
	Title

